

# Ep #22: A Day in the Life of a Psych NP with Tempesst



## Full Episode Transcript

With Your Host

**Sarah Michelle**

## Ep #22: A Day in the Life of a Psych NP with Tempesst

Welcome to *Becoming a Stress-Free Nurse Practitioner*, a show for new NPs and students that want to pass their board exam the first time and make that transition from RN to NP as seamless as possible. I'm your host Sarah Michelle. Now, let's dive into today's episode.

Sarah: Hey friends, there have been several of you in our new NP Facebook community who have mentioned that you're starting to explore maybe doing a psych NP track as your next educational move.

And for those of you out there who can't imagine another second of school, and I feel you, this episode is still for you because as family or adult general nurse practitioners, we still need that perspective into the psych NP world. Because there are definitely going to be times that we need to work alongside one another.

So in today's episode, we're going to be talking with Tempesst, who's been a psych NP for a couple of years now. And she's going to give us full perspective into her role. I know I personally had some preconceived notion as to the realm of psych NPs. So I'm excited to peel those away and truly show this side of a nurse practitioner profession.

Tempesst is also a mentor and a guide in this space, so we have so many goodies to talk about and share today together. So welcome to the show, Tempesst, can you give us just a little introduction to you and your nursing journey leading up to this point?

Tempesst: Yeah, thanks for having me. So I'm Tempesst and I am a psychiatric mental health nurse practitioner. So I'll just say psych NP from this point on.

So yeah, I've been a psych NP for just about two years. And before that I was a psychiatric RN for two and a half years. So in my psych NP world I've been working in telemedicine for the past year. And I'm also more recently a nurse educator. So I've been teaching a psych nursing class at Marquette University since January.

Sarah: That's awesome. Have you been enjoying teaching?

## Ep #22: A Day in the Life of a Psych NP with Tempesst

Tempesst: It has lit up a fire I did not know that I had. And where my mentoring kind of came from was just students asking to meet with me and asking to know more about the psych NP world because they really had no clue. Yeah, so I just pay attention to what gives you energy and what takes it away. And then I found that teaching and talking with people about how to become a psych NP, the ins and outs of it, really lights me up.

Sarah: Yeah, I definitely feel the exact same way. Like every time I teach, every time I get up and do a live study group or something like that I'm so lit up, I'm excited all day, I'm gearing up for it. And there are very few people out there that I feel like feel that way about their job. So if you can find that, you have to follow that and harness that and own that.

Tempesst: Exactly. So once I figured that out, I just threw myself in to figuring out how I can do it more.

Sarah: Yeah, absolutely. I did the exact same thing, because I was already in nurse practitioner school when I started truly teaching. And I was like, "I have all these like great memory tools and mnemonics for my nursing students. I bet I could apply this to nurse practitioners too and see where this goes." And, obviously, we both know where I've ended up now.

Go ahead.

Tempesst: I was just going to say I think this is what you're going to ask though, is just kind of how I ended up choosing psych NP.

Sarah: Yeah, you know, because obviously you have like the psych RN experience, so did that kind of lead you into it? And maybe if that did, why did you choose to become a psych RN?

Tempesst: Yeah, so I'll bring the story way back my junior year of undergrad. So I was a psychology major in undergrad. And the reason I picked that is because in high school I had had some personal struggles and some of my friends had had some struggles as well with anxiety and depression. So I just picked psychology because I wanted to learn more and then kind of see where that went.

## Ep #22: A Day in the Life of a Psych NP with Tempesst

But there came a point in my junior year of undergrad, and I remember this so acutely. I was like, “Huh, well what am I going to do with this psych degree?” So I didn't really want to go the PhD route to become a psychologist, and then there's not much that one can do with just a psych degree.

So I started thinking about what type of classes I had always enjoyed and classes that I had done well in. And that happened to be all my psych classes, obviously. And then my science classes. So biology, chemistry, anatomy, and physiology, all of those.

So I literally got on my computer. This was like 2011 or 2012, got on Google I literally typed in psychology, biology, chemistry, anatomy and physiology jobs and nutrition. And it just so happens that all of those courses are prereqs to have to apply to nursing school and direct entry nurse practitioner programs.

So I landed on Vanderbilt's psych NP specialty page. I read up on it, decided that that's what I was going to do, decided I was going to go to Vanderbilt. And then, yeah, so I kept my psych degree and then I just started taking some more prereqs that I needed to be able to apply to a nursing program.

So the reason I did not do the direct entry, which if people don't know is you have a degree in a non-nursing background and then like the first year of your program you do your RN coursework. And then the second or third year you do your NP coursework. But I knew that I wanted to have some nursing experience before I went into that program. So I started taking prereqs and I applied to an accelerated BSN program that I started after I finished undergrad.

And the reason that the psych NP role itself appealed to me was because it's being able to provide holistic care and talk about nonmedicinal things that you can do for mental health. But I still get to dive deeper into the biology and the neuroscience behind mental health disorder. So it's kind of

## Ep #22: A Day in the Life of a Psych NP with Tempesst

like the perfect world in a sense, like marrying psychology with the biological sciences.

Sarah: Yeah, like a perfect mesh almost.

Tempesst: Yes, exactly. So yeah, so I have only ever been a psych RN. I didn't do like a one year med surge or anything like that. And the reason I did that was just because I knew that the end goal was to be a psych NP so I wanted to get exposure to as many psychiatric settings as I could before I went into NP school, just so I could be somewhat familiar with the meds. When they said a medication, I wasn't completely in the dark, like I knew what they were talking about.

Sarah: Yeah, and I think that piece is important too. I personally don't feel like you have to have a ton of nursing experience. Like I don't think it has to be 20 years' worth of experience.

Tempesst: No, not at all. Mine was at two and a half, and the reason it was two and a half and not one is just because I wanted to be a travel nurse and so I did that a little longer than I had initially planned.

Sarah: Yeah, but I think like once you can just kind of get a feel for how the hospital environment works, and how to interact with patients, and how to care for patients, like once you've got that experience, I think you're going to know whether you're going to divot to the nurse practitioner route. Because it's just a totally different role. That's what people don't understand. Like, you're a provider now, you know?

Tempesst: Yes, people ask like, "Do I need to have X, Y, Z amount years of nursing experience." And I always say the roles are completely different. So nothing you do in your RN program, or as an RN is going to inherently prepare you for being a nurse practitioner. Just because the roles are completely, just totally, totally different. Different mindsets, different ways of teaching and so on.

Sarah: Yeah, I think the core basic piece that applies to both that I want people to learn in that experience is just how to talk to people. Because as

## Ep #22: A Day in the Life of a Psych NP with Tempesst

a nurse practitioner you've really got to be able to talk to people and dig deep sometimes. And so I think your nursing experience can be good for that.

But just like you said, they are totally different roles with totally different responsibilities. And definitely a higher level thinking comes along being a nurse practitioner. And so that's going to be for some people and it's not going to be for others.

Tempesst: Absolutely. And it was totally for me, kind of like I was saying when I noticed that I had done really well in my science classes. I was like how can I mesh this together? So yeah, that's kind of how I ended up here.

Sarah: Yeah, absolutely. I feel like maybe some of the people listening don't really have like a true perspective into like the scope of your role as a psych NP. And to be able to work together correctly I think that's going to be a vital component of this episode. Can you kind of walk us through what a day in the life looks like as a psych NP?

Tempesst: Yeah, so I'll talk a little bit about the scope of practice first. So as a psych NP we are assessing, diagnosing, and managing medications for the treatment of psychiatric disorders. So anxiety, depression, bipolar disorders, schizoaffective, etc., etc., etc. And we'll talk about this later, but within that role we're also able to provide psychotherapy. So some psych NPs choose to incorporate that in their practice as well.

But as far as my day in the life, so my clinic day will consist of a mix of new evaluations and follow ups or med check. So the new evaluations, those appointments are typically 60 to 90 minutes. And that's me meeting a patient for the first time.

So they're new to me so I have to do the full psychiatric evaluation. So chief complaint, HPI, a psychiatric review of systems, past psych history, social history, family history, medical history, etc. Which is a lot because essentially in psychiatry if you ask someone kind, "Oh, well, what brings you in today?" You're going to get an onslaught of words coming after that.

## Ep #22: A Day in the Life of a Psych NP with Tempesst

So yeah, those are my new evaluations. And, you know, come up with a diagnosis, explain that diagnosis to the patient and then come up with a medication treatment plan.

And then in my follow ups, those are essentially check ins and much shorter, so anywhere from 15 to 30 minutes. The patient comes in, we talk about how they're feeling, how their treatments going, review any labs that we need to review, and then make any adjustments if necessary. A lot of my day is doing paperwork. And not even charting, psychiatry is just a specialty where there's a lot of paperwork, disability forms, FMLA, accommodations for school, accommodations for work.

There's just a lot that goes into that. So in my admin time that's typically what I'm doing. Or I'm collaborating with therapists on shared patients discussing any progress that's being made or not being made. And then answering any in baskets or tasks from medical assistants or nurses, reviewing labs, etc., etc.

Sarah: How do you feel like you could differentiate your role as a psych NP from being a therapist? Because I think for a lot of people listening, that's going to be where the confusion really sets in, and people are going to get mixed up a little bit.

Tempesst: Yeah, I mean, I've had patients that I have seen for over a year who still call me I call him a therapist, even though I've explained it. So yeah, so therapists are master or doctorally prepared clinicians who provide various methods of psychotherapy, which is generally talk therapy. So cognitive behavioral, dialectical behavioral therapy, exposure therapy, etc. And therapists cannot prescribe medications.

On the other hand, psychiatric nurse practitioners are master or doctorally prepared advanced practice nurses, who are able to provide both psychotherapy and medication management within their scope of practice.

Sarah: So I think I heard you mention just a little bit previously before I asked that question, that there are some psych NPs who also do psychotherapy. Is that maybe where the confusion comes in?

## Ep #22: A Day in the Life of a Psych NP with Tempesst

Tempesst: I think so. So typically, if you're being hired for a psych department at a hospital, or an outpatient psychiatric clinic, you as a psych NP are being hired to do medication management. Because they'll have therapists on staff who will do full therapy. However, there's plenty of psych NPs in private practice who elect to offer full therapy appointments with medication management.

So in those cases, the appointments are typically always an hour because they're doing the psychotherapy and they're managing medications. And then, if you are hired at a hospital or outpatient clinic, you can always ask and say, "Hey, I'm really interested in providing therapy as well. Can we make some room on my schedule for those like 50 to 60 minute therapy appointments?" Because the reality is in the 15 to 30 minutes that we have for a med check you're just not going to be really able to do any formal psychotherapy. Of course, you're able to do supportive therapy, maybe touch on some principles of different therapy forms. Like I talk a lot about CBT principles in my sessions, but in 15 to 30 minutes you're just not going to be able to provide formal therapy. So the role becomes mainly medication management and management of the disorder. And then usually the patient will have a dedicated therapist where their appointments are just devoted to psychotherapy.

Sarah: I think it could be potentially a really beautiful thing if more psych NPs did psychotherapy and you were able to have both in one. Because as someone who A, is intimately familiar with you, but then they can also be intimately familiar with your medications and kind of piece those things together. So I think that might be a really nice opportunity just for patient care almost more so than anything else.

Tempesst: And I agree, because then if you are doing psychotherapy and medication management you don't have to worry about catching someone before they leave office for the day, or emailing, or trying to catch phone calls or play phone tag with their therapist. The main barrier to that is the time. Because if you're in a like community mental health center, or even not a community mental health center, they just probably given that 50



## Ep #22: A Day in the Life of a Psych NP with Tempesst

minutes to an hour to do both, they just might not have the budget for that, essentially is the is the case.

And then there's more of a need for the prescribing than there is for the therapy because usually there's enough therapists on staff and there's not enough psychiatrists and psychiatric nurse practitioners.

Sarah: Yeah, time is a really tall task. And it's hard to make more time as well, on the flip side of that. So talking about time, what do you feel like are some of your biggest challenges as a psych NP? Like is a time an issue for you or you have bigger issues?

Tempesst: Yeah, so I would say time and the patient load. So I've worked at two or three different places at this point. And everywhere I've worked, my schedule has always been completely booked. So every appointment slot that is available, it would eventually be booked. And if you sit back and think about it, like four to five psychiatric evaluations a day is essentially hearing the best and the absolute worst parts of someone's life times four or five. And then on top of your follow ups and all of that as well. So that transfer of energy that occurs in those appointments can be a lot and can be extremely draining. So it's important to find a way to be able to balance that.

And then if every appointment slot is booked that doesn't leave you much time within your scheduled hours to do admin time, to refill medications, to order labs, to check labs, to fill out all this paperwork, which can take a long time in a lot of cases. So what happens is a lot of people end up unfortunately working before they start and then after they're scheduled to finish.

Sarah: So that almost sounds like a work life boundaries issue more so than anything else. And that can be difficult across all realms of nursing too. Like as a nurse, as a nurse practitioner, like whether you work in a clinic or the hospital or whatever having really good work life boundaries is so important because otherwise you just end up so burnt out because of it.

## Ep #22: A Day in the Life of a Psych NP with Tempesst

Tempesst: I was going to say that applies to every specialty. I mean, I don't think there is any specialty that says like, "Wow, I have all of this time to just get everything I need to get done by 5pm."

Sarah: So to kind of reflect on when you first started working as a nurse practitioner, I always like throw in extra questions at the end of the podcast episode that are like related but not related. But what do you feel like your biggest hurdle was when you transitioned into practice?

Tempesst: Yeah, so first I'll say imposter syndrome, which I feel so many nurse practitioners struggle with. So I won't go into that. But something that was more tangible, like the more tangible pain point for me was charting. So finishing charting on time, and not bringing charting home.

So I mentioned earlier that typically I was doing four to five full new evaluations per day. There's a lot of history and a lot of components to document and a full psychiatric evaluation. Like I said, that's essentially someone's full life and full background of previous treatment, that you're condensing into this chart.

So until I figured out how to chart completely but efficiently and put systems in place for myself, charting was a major, major, major pain point. I was staying late to chart sometimes. I sent out an email to my email list about this, but sometimes I was staying there's until like 9:45 or 10 o'clock at night just trying to finish up. Or I would bring it home or finish it up on the weekend.

So that was one of my biggest hurdles, just figuring out how to chart well and chart completely because documentation is extremely important. But not having it take over my life.

Sarah: Yeah, I don't think I really had full perspective until even just a few weeks ago about how much goes into a detailed psych history. And as bizarre as it sounds, my husband, he was diagnosed with ADHD in college. And now he's going back to school again so he's trying to get back on the ADHD medicine.

## Ep #22: A Day in the Life of a Psych NP with Tempesst

And so he signed up for an appointment to talk about the meds and all that good stuff. So I was I was like, “Oh, you know, I'll see you in 30 minutes, whatever.” And he the little Zoom call. And it was like an hour and 45 minutes later. And I'm like, “What happened during that call?” And he was like, we went through every part of my life and all of my symptoms and like we went over all these forms.” This is so much bigger than I thought.

Tempesst: especially with something like ADHD, where how symptoms were in childhood is so important, so you really have to start back at the beginning. And then in psychiatry a lot of meds get changed. They get switched too soon.

So for me, when I'm asking about like past medication history, I want to know how long you were on a certain medication, because if it was only two weeks and you're telling me it didn't work, that's not long enough to definitively say it did or didn't, it was or was not helpful for your symptoms. Depending on the type of medication it is, for that example I was talking about antidepressants, which you need to be on for four to six weeks to have a full trial.

Sarah: To hopefully feel good. Two weeks is not going to cut it.

Tempesst: No.

Sarah: And then do you feel like there's any guidance you could give to those people out there who are feeling maybe a little stressed or overwhelmed in practice? What do you feel like helped you the most when you were new?

Tempesst: Yeah, so I'd say take it one day at a time and give yourself grace to know that you're learning every day, and you will learn every day. On nurse practitioner programs the clinical hour requirement is anywhere between 500 and 1000 clinical hours, which just is not a lot. So just keep that in mind.

I feel like we're lucky in psychiatry in that it's so specialized. I feel like in family practice, for example, primary care, like you could have one patient

## Ep #22: A Day in the Life of a Psych NP with Tempesst

who has hypertension and then your next patient could walk in and have a UTI, or your next patient could walk in and have something completely different.

And find a mentor or a supportive community, just someone that you can go to and ask like, "Hey, what are your tips for charting?" Or not even running cases, but just everything beyond that, you know? Saying "Hey, this is what the clinic is giving me for eval time, do you think that's sufficient? Like what do you think about this?" Just somebody who's been there can and can fill in those professional development gaps that you might not have built up yet.

Sarah: Yeah, I really felt like mentorship just kind of gives people the confidence. Like I already know you know this stuff, but you just want to reassure to yourself like, "I know this content, I know what I'm doing. I'm making the right decisions." And so mentorship gives you that little mental boost of support to be like, "Hey, I'm doing the right thing."

Tempesst: Yeah, I agree. And then also, I was really lucky at my first position to work with a really, really supportive group of psychiatrists and I felt extremely comfortable just curbside chatting with them about any case, like IM'ing them on the IM system that the hospital had and just that was an extra layer of support because I knew that one of them would be logged on and be able to shoot me a quick answer, or reassurance. Because in most cases they totally agreed with what I was doing, and I just needed that extra reassurance as a new grad.

Sarah: Yeah, you just need to feel good about it until you've done it two or three times, five times and you're like, "I've done this every time, this is what I'm doing."

Tempesst: Exactly, you would think after you've done it, it does take that two or three or four times to do it to really say like, "Okay, this is my style. This is this is how I'm going to treat this particular presentation."

Sarah: Yeah, absolutely. Well, Tempesst, thank you so much for coming on the show with me. And for those of you out there listening that are

## Ep #22: A Day in the Life of a Psych NP with Tempesst

considering the psych NP track, because I've seen you on the page, Tempesst actually offers a lot of mentorships and consultations for that sort of thing as well. So, Tempesst, can you tell everybody where they can find you and kind of get some more information from you?

Tempesst: Yeah, so I'm most active on Instagram, so that's where you can find me. So it's Tempesst the PMHNP. I'm Tempesst with two S's and one T, that's also my website name.

So right now I do offer a mentorship and guidance for people who want to be psych NPs but they're not sure where to start, or what kind of programs there are out there, what route is the best for you. So I offer services to help you figure all of that out.

And then included in that I'll actually edit your application responses and essays. Which is pretty cool, I love writing and editing. And I've applied to higher education four times now, so I have a good-

Sarah: You've got the process down.

Tempesst: Exactly, got a good grasp on that. And then here in the future I will be releasing a course that's going to be a survival guide, so to speak, for psych NPs in their first year practice. So really focusing on that transition using what I've learned to help you go from imposter to rock star psych NP in that first year.

Sarah: Yeah, all that sounds absolutely amazing. And to all of you out there listening too, we'll have all of her links in the show notes for you. So you won't even have to stray that far, you'll be able to just click and go.

Tempesst: Awesome. Thank you so much for having me. This was great. Like I said, I love talking about the specialty of psychiatry. I feel like it's mysterious, in a way because there's not a lot of us, it seems kind of mysterious, and no one really knows kind of what we do on a day to day basis. So any questions just shoot me a DM and I'll be happy to answer.

## Ep #22: A Day in the Life of a Psych NP with Tempesst

Sarah: Thank you so, so much. And to everybody out there listening I'll talk to you guys next week.

As an extra bonus, friends, if you're looking for support, no matter what phase of your nurse practitioner journey that you're currently in, I have communities available for both students and new nurse practitioners in these communities we work to uplift one another and grow this profession together every single day. Links to join will be included for you in the show notes.

Thanks for listening to *Becoming a Stress-Free Nurse Practitioner*. If you want more information about the different types of support we offer to students and new NPs, visit [stressfreenp.com](http://stressfreenp.com). See you next week.